Fax Transmittal

DATE:

June /2, 2003

Total Pages Including Cover: 16

TO:

Examiner Timothy L. Rude

Company:

USPTO

Fax #:

703-872-9319

Art Unit: 2871

Phone #:

703-305-0418

Application

S rial No.

09/915,681

Docket #:

NL000441

FROM:

Michael J. Balconi-Lamica

Reg. No. 34,291

Michael J. Balconi-Lamica

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MESSAGE:

Examiner Rude,

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Attached for filing are the following documents:

JUN 1 2 2003

Response to FINAL Office Action;

TECHNOLOGY CENTER 2800

- 2. Certificate of Facsimile Transmittal; and
- Transmittal Letter (in duplicate).

Entry of this paper in the above-identified application is courteously solicited. Any questions regarding this matter should be directed to the undersigned.

Michael I Balconi amica

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Docket No.: NL000441 Customer No. 000024737

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	S	
Marien De Schipper	. <u>§</u>	
	S	
Serial No.: 09/915,681	§	Group Art Unit: 2871
·	§	•
Filed: July 26, 2001	S	Examiner: Timothy L. Rude
	Ş	
For: IMAGE SENSING DISPLAY DEVICE	§	
	§	FAX RECEIVED

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 JUN 1 2 2003

TECHNOLOGY CENTER 2800

Dear Examiner:

In response to the Final Action dated May 2, 2003, enclosed are the following regarding the above-identified patent application:

- 1. A Response After Final;
- 2. Certificate of facsimile transmission; and
- Transmittal letter (in duplicate).
- Small entity status of this application has been established by a previously submitted verified statement under 37 C.F.R. §§
- No additional fee is required. [X]

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PAEVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	<u>OR</u>	HATE	ADDIT. FEE
TOTAL	13	minus	20	= 0	x 9	\$	OR	x 18	S 0.00
INDEP	1	minus	3	= 0	x 42	s	OFI	x 84	5_0.00
[]	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			EP. CLAIM	+ 140	\$	OR	+ 280	s
					TOTAL	\$	ÓЯ	TÓTAL	\$ <u>0.00</u>

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Docket No.: NL000441 Customer No. 000024737

[] [] []	A ched	e charge Deposit Account No. [] in the amount of \$ ck in the amount of \$ is attached. ommissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. [].
	[]	Any additional filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims. Any patent application processing fees under 37 C.F.R. § 1.17. A copy of this sheet is enclosed.

Respectfully submitted,

coni-Tamica Registration No. 34,291

21004 Lakeshore Dr. W. Spicewood, Texas 78669 Telephone: 512/461-2624

Facsimile: 512/264-3687

File: NL000441

a-32658.29

CERTIFICATION OF FACSIMILE TRANSMISSION

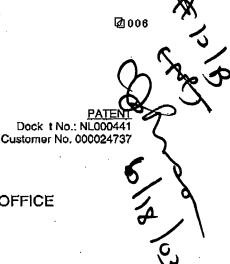
I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below: Fax Number: (703) 872-9319

DATE OF TRANS

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Marien De Schipper § Group Art Unit: 2871 Serial No.: 09/915,681 § § Filed: July 26, 2001 S

IMAGE SENSING DISPLAY DEVICE

Examiner: Timothy L. Rude

RESPONSE AFTER FINAL

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JUN 1 2 2003

TECHNOLOGY CENTER 2800

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Dear Examiner:

In response to the Final Action mailed May 02, 2003, the following is being submitted for placing the application in condition for allowance. Please amend the above-identified application as follows: